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ABSTRACT

This manual outlines crisis policy development, specifically targeting students at risk for life threatening behaviors. Its stated intent is to present a consistent message to all school districts so that they can create adequate and prudent standards for the care of their young people. The materials in this manual are intended to help school districts develop policies for managing crisis. The first section provides a glossary of terms used in crisis intervention, including such terms as contagion, postvention, and survivorship. Next, crisis management policies and procedures are described for the following areas directly applicable to the school setting: prevention, intervention, postvention, general guidelines, school-based plan, and linkages. The following section considers the legal issues schools must address before they translate their policies into procedures, including suicide prevention initiatives and services to other high risk children following a completed suicide, as well as informing the parent if a child is threatening suicide. In the next section, guidelines are provided outlining appropriate ways to handle the media during a crisis. The 46-page appendix provides resources for further information, suicide risk assessment worksheets, guidelines, sample forms, and a bibliography. (LLL)

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Crisis MANAGEMENT

A School District Response to Suicide

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"In the last analysis, the prevention of suicide is everybody's business."

Schneidman, 1985

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Crisis MANAGEMENT

A School District Response to Suicide

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DID YOU KNOW?

The national suicide rate is approximately 12 per 100,00 people.

In Alaska, the suicide rate is 21 per 100,000 people; Alaska Native males ages 20-24 complete suicide at a rate of 257 per 100,000.

60 percent of males, and 70 percent of females who have attempted suicide report they told at least one person about the most recent attempt.

Suicide is the second leading cause of death among adolescents 15 to 19 years of age.

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Central ABC Junior High School
1405 "E" Street, Anchorage

Chugiak High School
P.O. Box 77021B, Eagle River

Dimond High School
2909 W. 88th Avenue, Anchorage

East High School
4025 E. 24th Avenue, Anchorage

Fairbanks School District
P.O. Box 1250, Fairbanks

Gruening Middle School
P.O. Box 77020, Eagle River

Hydaburg Schools
Box 109, Hydaburg

Ketchikan High School
2610 4th Avenue, Ketchikan

Lower Kuskokwim School District
Box 305, Bethel

Mears Junior High School
2700 West 100th, Anchorage

Service High School
5577 Abbott Road, Anchorage

West High School
1700 Hillcrest Drive, Anchorage

Forward
Crisis Management: Policies and Procedures for Alaska Schools

The Development of a Crisis Management and Support Team Program for Alaska School Districts.

This manual outlines crisis policy development, specifically targeting students at risk for life threatening behaviors. The intent is to present a consistent message to all school districts so they can create adequate and prudent standards for the care of their young people. This manual neither stands alone, nor attempts to describe what each school or district should do. Rather, it describes principles to be followed in designing a set of procedures.

Many Alaska schools have already developed their own crisis procedures and share their plans with other districts. Portions of these plans are presented here in the form of a general model that individual schools and their districts can adapt to meet their local needs.

Clearly, school district procedures should be supplemented by curriculum that teaches all students (K-12) skills for problem solving, decision making, and developing satisfying interpersonal relationships. Communication and interpersonal skills education emphasizes active listening and instructs students on how to secure aid for troubled friends. Special programs such as Peer Helpers are also available to strengthen a school district's crisis response plan.

In the last ten years, state legislators, communities and school districts across America have produced a wide range of responses to the problem of youth suicide and the disruptive effects of catastrophes and violent events. Educators have responded for two major reasons: they believe they **can** help troubled students and they have learned that they **must**. Administrators, teachers, nurses, counselors, psychologists, and social workers all want to help. The materials in this manual are intended to help school districts develop policies for managing crisis. As a result, educators will be able to perform the procedures related to suicide and other crises with increased confidence and demonstrated success.

Crisis Management

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Crisis

Introduction

Almost fifty thousand young people aged 15 to 24 years old completed suicide in the United States between 1970 and 1980 (The Centers for Disease Control [CDC] publication on Youth Suicide , 1986). The suicide rate for this age group had increased by 40% over that period, with young male suicides primarily responsible for the growing numbers. By 1980, the ratio of male to female deaths by suicide was almost 5 to 1, and the majority of young male suicide completers were white. Although the rates for black males and other races increased, they were still lower, at the national level, than those for white males.

Suicide rate highest among young Alaska Native males

An examination of the Alaska data in the CDC report suggests that the suicide rate for this age group increased by 49%, and that the rates each year are among the highest in the United States (from 17.1 per 100,000 in 1970 to 40.2 in 1975). More current records of suicide completers in Alaska were published in an *Interim Report* by the Alaska Senate Special Committee on Suicide Prevention. The *Interim Report* records two more recent epidemiological studies. The Forbes and Van Der Hyde study in 1986 reports the rate of completed suicides in Alaska to be among the four highest in the United States in every year (1978 - 1984) except 1979; further, the rate of suicide among 15 - 24 year old Alaska Native males was more than six times the rate for white males in the same age group. In a second study, Hlady and Middaugh examined suicide deaths during 1983 - 1984. This report also found the highest rate of suicide among Alaska Native males, ages 20 -24 years, at 257 per 100,000. This rate is 13 times the Alaska average and 22 times the national average.

> The suicide rates for Alaska youth aged 15 to 24 years old are among the highest in the United States.

Senate committee proposes roles for school personnel

The Alaska Senate Special Committee on SuicidePrevention published their *Interim Report* in March 1988, identifying five major themes that "demand the attention of policy makers and all Alaskans." The first theme described three critical roles for school personnel:

- Schools would extend their educator role to include the area of suicide. This suggests that school personnel will need professional training to fulfill that function for both the students and the communities they serve.
- The school's role in identifying youth at risk was also included in this theme.

  Again, to function in the role of assessment, selected school personnel will need professional training and support.
- The last role in this theme addressed links between the schools and professional mental

health practitioners who could provide services for students at risk for suicide. Clearly, this role of professional networker relates to a fundamental concept in crisis intervention theory, which is the need for an organized and professional network of trained personnel. Any effective response plan for children and youth at risk for suicide in Alaska needs to support the integration of schools into a formal system of professional and paraprofessional networks that are expected to resolve youth suicide issues.

Crisis Management: The planning for and response to a crisis with the intention of containment and reduction of the physical and emotional danger of the situation.

Response plan needed

Other crises also affect school districts and their communities. These are natural as well as people-made disasters that do not include suicide. These cannot be prevented by school policies and procedures, but the same principles of awareness, preparation, and training can lessen their impact and promote order and stability during a critical situation. The literature (Slaikeu, 1990) defines crisis as a time of opportunity and danger: it is possible to realize positive outcomes if the crisis situation is handled appropriately.

To develop a response model for crisis management, Alaska school districts must begin by writing policy and designing programs. School policies are general principles that are adopted by school districts. Written policies on suicide attempts and completions should address three specific areas: prevention, intervention, and postvention. All school personnel would be expected to adhere to these written policies to head off or deal with crises.

Procedures may vary, based on local community resources and school personnel qualifications. The key is to articulate to school personnel, students, and community resources their roles and responsibilities before, during, and after a crisis.

Manual Organization

This manual consists of five sections:

- definitions of terms used in the crisis intervention.
- crisis management policies and procedures in six areas directly applicable to the school setting.
- consideration of the legal issues schools must address before they translate their policies into procedures.
- guidelines outlining appropriate ways to handle the media during a crisis.
- appendices that provide resources for further information, guidelines, sample forms and bibliography.

A note of caution. *This manual is a resource for school districts to write local policies, procedures, and programs for Alaska school communities. As such, it does not deliver the specialized skills needed to implement these procedures and programs. Appropriate instruction by skilled professional trainers in the field of crisis management will ensure sound practices enacted by adequately prepared school personnel.*

Crisis MANAGEMENT

Glossary of Terms*

AT RISK: The likelihood or chance that an individual will attempt or complete suicide.

CONTAGION: Suicidal behavior by additional persons as a result of the influence of a previous suicide attempt or completion.

CRISIS: An intense emotional response to a situation accompanied by a temporary loss of coping skills.

CRISIS INTERVENTION: Short term counseling provided for those in crisis with the intention of reducing the intensity of emotional reactions and returning to their normal level of functioning.

CRISIS MANAGEMENT: The planning for and response to a crisis with the intention of containment and reduction of the physical and emotional danger of the situation.

CRISIS TEAM: A group of trained professionals who coordinate their efforts to provide crisis intervention services.

DEBRIEFING MEETINGS: An opportunity for a crisis team to process the events, assignments and feelings as needed during a postvention.

GRIEF: Mental suffering from bereavement; remorse, sorrow.

GRIEF CRISIS COUNSELING: Short term counseling provided immediately following a sudden death to help survivors begin the grieving process.

LOSS: The experience resulting from separation from a person or something prized, failure to attain a goal, or diminishing of prestige.

POST TRAUMATIC STRESS DISORDER: The re-experiencing of a psychologically distressing event accompanied by symptoms of fear, terror and helplessness.

POSTVENTION: Action taken to provide short term grief counseling and aftercare services following a suicide with the goal of preventing additional suicides and helping survivors deal with the loss.

SUICIDE ASSESSMENT: The estimate of the likelihood of a suicide attempt or completion taking into consideration common indicators of those who have attempted or completed suicide.

SUICIDE CLUSTER: A group of suicides in a short period of time in the same community suggesting the process of "contagion".

SUICIDE EPIDEMIC: The clustering of suicides in a short period of time in the same community suggesting the process of "contagion".

SURVIVOR: One who has had a close friend or family member commit suicide.

SURVIVORSHIP: The state of being a survivor of the suicide of a close friend or family member.

Reprinted with permission:
**American Association of Suicidology: Postvention Guidelines*, (1990), (School Suicide Prevention Programs Committee)

Crisis MANAGEMENT

Policy Development

Policy and Plan

+

Linkages

+

Crisis Response Team

+

Procedures and Agreements

+

Training of Staff and Students

=

EFFECTIVE CRISIS MANAGEMENT

Districts should have written policies that define a reasoned and professional course of action during a crisis, as well as specific policies that relate to youth suicide.

- School districts should have a written response plan that translates these policies into action.
- School districts should be prepared for the possibility of cluster suicides.
- School districts should have written policies and procedures to address five basic tasks of school personnel:
  - Detection of severely depressed students (all staff)
  - Assessment of severity and immediacy of risk (counselors and others)
  - Notification of parents (administration & counselors and/or others)
  - Networking with other agencies to head off crisis
  - Referral: securing needed supervision and services for students at risk. Critical to school policy is identifying students who need professional intervention.
- School districts should evaluate their crisis and suicide procedures on a regular basis.
- School districts should maintain and update a quality referral sources directory.

Prevention - Intervention - Postvention

School district plans should reflect three areas:

- **Prevention** refers to appropriate developmental guidance programs with:
  - emphasis on enhancement of school climate
  - emphasis on positive communication/ relationships/self-esteem
  - decision-making and problem-solving skills
  - coping skills for change and "loss"
  - peer support skills
  - assistance for making school and cultural transitions
- **Prevention** also includes:
  - training school personnel
  - community presentations for parents, with emphasis on positive aspects of prevention
  - identifying students who display warning signs for suicide
  - professional networking
  - sharing key articles/books/resources with other caregivers

Whoever preserves one life, it is as if he preserved an entire world.

(Scriptures)

- **Intervention** refers to those activities that take place when a student has threatened suicide or displays warning signs that suggest suicidal risk. These activities include:
  - providing immediate support to student
  - assessing degree of risk
  - notifying parents of suicidal students
  - securing services for student with or without parental support
  - identifying students most affected by a peer's suicide or other catastrophic events and giving them assistance
- **Postvention** refers to activities after a completed suicide. Postvention activities also take place upon the death of a student, a teacher or a parent by other causes.
  - Consult the Postvention Guidelines developed for schools by the American Association of Suicidology (Appendix O).
  - Additional activities are listed in Appendix B.

Suicide is not a bizarre act of self-destruction. Rather, suicidal people use a particular logic, a style of thinking that brings them to the conclusion that death is the only solution to their problem. This style can be readily seen, and there are steps we can take to stop suicide, if we know where to look.

Edwin Shneidman, 1987

General Guidelines for Action

- School district administrators meet with local school board to elicit approval and support.
- School district administrators meet with support team personnel in their schools and pledge their support of policies and procedures for crisis/suicide intervention.
- School policies are written based on the conceptual response model in this guide. From these policies, written procedures will be developed. These will guide the individual school community as well as limit the responsibility of the school.
- School district administrators recognize that members of their communities are apprehensive and fearful about youth suicide. They invite parents and community members to contribute to the planning of the program.
- School district administrators establish a cooperative team procedure with community agencies to be used for direct intervention **BEFORE** a crisis occurs.
- Job descriptions of school superintendents, principals, assistant principals, counselors, health educators, nurses, social workers, and school psychologists DESCRIBE their role in the crisis management plan for their district.
- The planned response minimizes all schoolwide and citywide media coverage. School assemblies are rarely helpful and can cause escalation of emotions that are hard to control.
- *School Policies & Procedures* are presented to other adults in the school system, e.g., custodians, secretaries, cafeteria workers.

Questions to Address

It is particularly important to create policies to deal with certain specific questions that are likely to arise. These include:

1. How and when should students and faculty be informed of the suicide?
2. How, when, and where should students be allowed to express their reactions?
3. What should be done about the victim's close friends?
4. What should be done about "high risk" students?
5. Under what circumstances, if any, would it be appropriate for the school to hold a special assembly or memorial service?
6. Should there be a symbolic expression of grief, such as lowering the flag to half staff?
7. Should the school close for the funeral?
8. Who should go to the funeral?
9. What kinds of commemorative activities or symbols — plaques, memorial funds, etc. — are appropriate?
10. Should the victim's parents be contacted and what can be offered?
11. What should be done about the concerns of other parents?
12. How should the school deal with the media?
13. To whom should the school turn for outside consultation or help?

Reproduced with permission: *Suicide and its aftermath: Understanding and counseling survivors.*, Dunne, E.J., McIntosh, J.L., & Dunne-Maxim, K. (Eds.), New York: W.W. Norton and Company, 500 Fifth Ave, New York, NY 10036.

School-based Plan

Each school should have a basic suicide intervention program regardless of the size or number of personnel in the school.

- ❑ Schools in urban, suburban, and rural areas will tailor their procedures to fit their settings.
- ❑ Schools that have experienced multiple suicides may have more comprehensive programs.
- ❑ Components of all school suicide intervention programs will include, but not be limited to:
  - ◗ Detection of students at risk
  - ◗ Assessment of lethality of identified students, i.e., degree of risk
  - ◗ Notification of parents
  - ◗ Securing needed supervision and services for students at risk
- ❑ The four components above will be translated into clearly outlined procedures in each school policy.
- ❑ Schools will have a coordinated plan to draw on trained personnel from other schools and agencies.

Every school district should have a designated primary caregiver or counselor who will receive training (and, if needed, retraining) in suicide and crisis management.

- ❑ The primary caregiver (PCG) directs a core crisis team that has overall responsibility for implementing the crisis management plan.
- ❑ The core crisis team teaches other school staff and students in the Peer Helpers programs:
  - ◗ how to respond during a crisis
  - ◗ what to expect during a crisis
  - ◗ early warning signs or clues of suicide potential
- ❑ PCG will prepare for a crisis by networking with contacts among the mental health professional community and by establishing appropriate roles.
- ❑ PCG will identify PCGs in other schools and/or school districts who can assist in a crisis.
- ❑ PCGs and the core crisis team will:
  - ◗ collaborate on assessment of risk
  - ◗ document clearly what procedures they follow
  - ◗ perform what is known as "best practice" by adhering to effective strategies such as those developed by the American Association of Suicidology and recognized researchers in the field.
  - ◗ enlist the assistance of colleagues
  - ◗ practice only within their level of competence
- ❑ PCG screens all possible suicidal students:

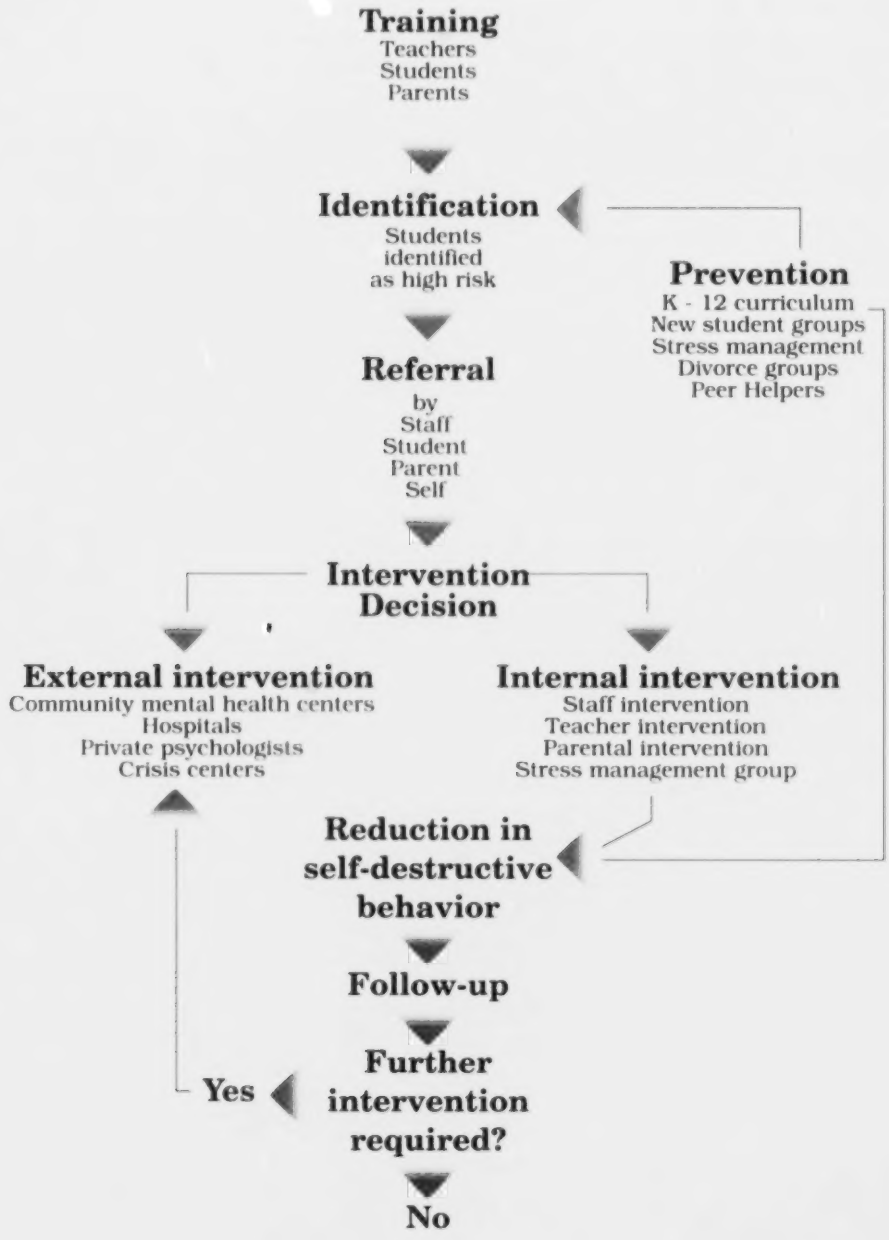
  if low risk:
  - ◗ provides counseling and support
  - ◗ continues to monitor

  if high risk:
  - ◗ contacts parents
  - ◗ directs to mental health professional
  - ◗ contacts child protective services

The approach to crisis management by all caregivers should be decisive, reassuring, and supportive and should be taught and modeled to all school personnel. When school personnel know of suicide ideation, suicide threat, or suicide completion, they need to communicate that information to the school administrator and primary caregiver.

Students need to understand that knowledge of another's suicide ideation or threat is a secret they do not need to keep. They can be taught that when friends ask them to keep this secret they are also asking for direct help. Students who are told by friends that they are planning suicide need to know that they are responsible for telling an adult who can intervene.

School-based intervention model



Reprinted with permission: *Youth in Crisis: Seeking Solutions to Self Destructive Behavior*, Barrett, T., Longmont, CO:Sopris West, Inc. , (1985), 1120 Delaware Avenue, Longmont, CO 80501.

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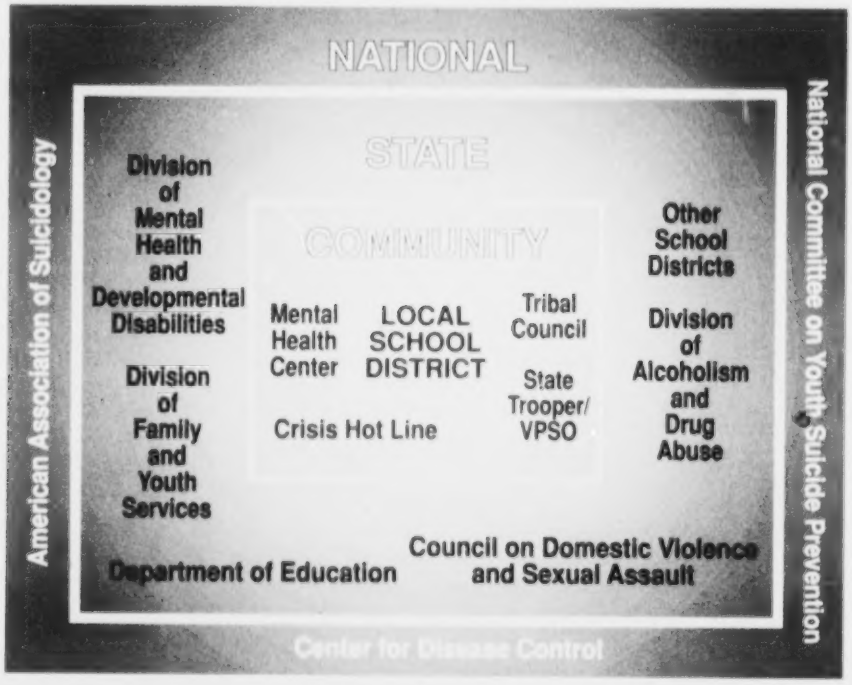
Crisis Management Network



Linkages

School districts recognize the importance of linkages within a statewide network of crisis management and assistance. Resources include:

- Department of Health & Social Services, Division of Mental Health & Developmental Disabilities
- Division of Family & Youth Services
- State Troopers & Village Police Safety Officers (VPSO)
- Council on Domestic Violence & Sexual Assault
- Division of Alcoholism and Drug Abuse (ADA)
- Community Mental Health Centers
- Tribal Councils
- Crisis Hot Lines
- Other school districts, so resources and personnel can be called on to assist a school in crisis.
- Community Suicide Prevention Programs
- Department of Education, which provides the following support services:
  - Maintaining records of school policies, procedures, and programs.
  - Assisting school districts in the development and implementation of crisis policies and procedures.
  - Providing leadership in training school personnel in crisis management and response procedures.
  - Collecting data related to the incidence of school-age suicides.
- National sources listed in Appendix R

Crisis MANAGEMENT

Legal Issues

School personnel can expect to find themselves operating outside their normal tasks during a school and community crisis. This is particularly true during the intervention and postvention phases of a suicide crisis. School personnel naturally feel anxious and fearful about going beyond what they might view as the school's mission. Some may feel that the development of policies and procedures to address these problems are at best inappropriate and at worst encouraging of destructive behaviors.

As a result of a severe suicide problem, Ruoff and Harris (1989) sought legal expertise on key concerns. These concerns should be carefully reviewed by the school district as school-based policies and procedures are developed.

First: Provide Services

Employees and officials of school districts that have had completed suicides or suicide threats or who recognize they have a problem have the responsibility under threat of liability to perform as would **a reasonably prudent person under similar circumstances**. This requires at a minimum that the district provide services and programs dealing with suicide prevention. In other words, identify, evaluate and provide or cause others to provide services to students who are in jeopardy.

A legal obligation, then, is to provide for the appropriate care of students at risk of suicide. Schools must not neglect these students' needs. When districts develop cautious policies and procedures, then schools, students, and families will be protected (New Jersey Association of School Administrators, 1986).

Second: Prevent Suicide Clusters

Districts also have a legal obligation to identify, evaluate and/or provide services to other high risk children following a completed suicide.

The clustering of adolescent suicides has become a serious concern for many communities in the United States. This contagion phenomenon begins to appear about seven to ten days following a suicide. Those students at-risk might include, but may not be limited to, the immediate friendship network of the deceased student. Districts can fulfill their obligation in this regard by developing the needed strategies to respond quickly and effectively to the needs of students in their school communities.

Third: Inform Parents

Schools have an obligation to inform the parent if a child is threatening suicide.

Clearly, in-service training will be needed to help school personnel understand their legal obligation to follow a written procedure requiring that this kind of information be given quickly to a

designated crisis team member who will ensure the parent is appropriately informed. Such communication should be delivered face-to-face with the parents.

The school psychologist or counselor can interview a child who is suspected of being suicidal without the parent's permission.

Fourth: Follow a Plan and Document Actions

Smith (1990) reports that "of the few cases that have been brought by parents against school districts following the suicide of a child, those districts that have no written policy, set of procedures, or suicide prevention training seem to be more vulnerable." Hence, districts should not only follow these recommendations, but also understand that while written policies and procedures provide some protection against a possible lawsuit, care needs to be taken that school personnel are properly trained to implement policies and follow procedures that have been established.

Each crisis incident should be documented. A crisis team needs to maintain a complete record of their actions during a crisis, as well as a continuous log of their activities and services throughout the year. Letters should be sent to parents about services provided by the school. Parents need to understand the ethical and legal responsibilities of professional staff in responding to students at risk for suicide. This kind of preparation will protect the crisis team and other school personnel involved.

Legal liability issues surrounding suicide can be frightening. District administrators can help their school personnel understand that they are not required to be omniscient, but rather to act in a professional manner while supporting young people during a time of considerable psychological pain.

"Of the few cases that have been brought by parents against school districts following the suicide of a child, those districts that have no written policy, set of procedures, or suicide prevention training seem to be more vulnerable."

Smith (1990)

Fifth: Evaluate Response

One helpful method of improving and refining the procedures is to convene the crisis team after a crisis has been resolved. At this crisis team debriefing, an outside facilitator should help the team to:

- Review what has happened.
- Reexamine the school's policies and procedures in light of what occurred.
- Reexamine the school's reactions during the crisis.
- Incorporate new insights into the school's response plan.
- Think about the question, "If I had to do this over again I would ..."

The key to crisis team debriefing is to learn from the experience, to encourage constructive criticism, and to improve future activities and approaches.

Crisis

Media

The following guidelines have been recommended by Scott Poland (1989) in **Suicide Intervention in the Schools**.

❑ A written policy should outline procedures to be followed. The policy should specify who will speak with media representatives. All contact with the media should be handled by the official spokesperson.

❑ The spokesperson should have a thorough understanding of the dynamics of youth suicide and should be selected because of personal characteristics that enable him or her to represent the school system well.

❑ The spokesperson should try to ascertain in advance the types of questions that the media will ask. Television interviews should be brief, and it is important to be succinct and to the point.

❑ The suicide of the student should be honestly acknowledged, with brief identifying information such as age, grade, and the like provided. The method of the suicide should be downplayed.

Emphasis should be on what the school is doing to assist other students to cope with the suicide.

❑ Emphasis should be on what the school is doing to assist other students to cope with the suicide. Networking efforts, counseling services, and resources both at the school and in the community should be outlined.

❑ The problem of youth suicide should be acknowledged, and the school's prevention efforts should be outlined, with documentation provided.

❑ The spokesperson should ask the media representative to emphasize warning signs of suicide and sources of assistance available at school and in the community. The media should be encouraged to downplay the suicide, to avoid making suicide front-page news, and to avoid simplistic, romantic, or mystic references to the cause of suicide. Actions of the deceased should not be portrayed as heroic in any way.

❑ Finally, all school personnel need to understand that media publicity and suicide require specific guidelines that must be followed. For example, saying that the student died from carbon monoxide poisoning is accurate. However, reporting on the specific details of how that happened is not necessary and is potentially dangerous. Perhaps the single cause of death as *poisoning* is sufficient and safer.

Additional suggestions are provided by the American Association of Suicidology in "Suicide Postvention Guidelines" in the Appendix.

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Appendix A-1

Ketchikan High School Crisis Response Plan

The following plan will be implemented immediately upon notification of any tragic incident that shows potential for causing significant emotional/social response in the student body and staff. The purpose of the plan is to identify youth or adults at high risk for exceptional emotional or behavioral response to the tragedy, to provide a supportive environment to assist them to deal with the shock and loss, and to provide a referral plan and network to respond to the needs of students and faculty to deal with any longer term effects of the event. Please familiarize yourself with the following plan, and refer any questions regarding your role or participation to the Counseling and Guidance Center.

PRE-PLANNING

1. The school counselor(s) in the Guidance and Counseling Center will be the principle coordinator during a crisis. In his/her absence, _____ will assume this responsibility. The counselor will be responsible for initiating and coordinating a response. A principle focus of this type of intervention and response to tragedy is to prevent further complications of a tragic event, especially to prevent the occurrence of contagious or cluster suicides.

2. An in-service on suicide prevention was held during the _____academic year and was available to all faculty members. Printed material on suicide prevention is available through the counseling center for faculty unable to attend in-service training. The printed material is also available for anyone wishing to review or update his/her information regarding the subject.

3. The counselor will brief secretaries and provide instruction on handling of crisis-related telephone calls, and other requests for information from the community.

4. All designated faculty members on the crisis response team will be notified by phone tree to alert individuals who will need to be involved as rapidly as possible.

5. The counselor will maintain a list of available spaces which might be needed for necessary meetings. These will be spaces which could be utilized immediately with priority demand in case of an emergency situation.

Appendix A-1

Ketchikan High School Crisis Action Plan

Notify the counselor or _____ at Ketchikan High School if you have personal knowledge of a crisis or tragedy which may have the potential for creating further problems. The office of the Superintendent will be notified by the High School Principal if a decision is made within the High School to respond to the crisis. After that decision is made, notify all individuals on the phone tree, including the following:

(a) _____, Guidance and Counseling, Ketchikan High School
(b) _____, Guidance and Counseling, Ketchikan High School
(c) _____, Gateway Center for Human Services, 225-4135
(or Gateway Emergency Mental Health On-call, 225-5171.)

These designated contact individuals will initiate the phone tree calls to alert or activate participation of others in the crisis action plan.

Activation of the phone tree will ensure the availability of professional staff in the community with specialized training to respond to individuals involved in a crisis or disaster. This team includes psychologists, social workers and emergency personnel, all of whom have training and experience in dealing with type of response either through professional qualifications or Critical Incident Stress Debriefing training and experience. The individuals listed below are contact persons representing local agencies:

(a) _____, Gateway Center for Human Services, 225-4135
(b) _____, Ketchikan Fire Department, 225-9616
(c) _____, Police Department, 225-6631

Media representatives have agreed to assist by providing appropriate media response. Notification to the following individuals will ensure media cooperation. The following three individuals should be contacted by Ketchikan High School principal or the principal's designated spokesperson.

(a) KRBD Radio, News Director, 225-2035
(b) KTKN Radio, Station Manager, 225-2193
(c) Ketchikan Daily News, Editor, 225-3157

CRISIS ACTIVITY

A preliminary announcement will be prepared and provided to the principal or designated spokesperson. This announcement will not contain any detailed information about the incident, but simply provide a sympathetic acknowledgment of the loss with a statement of condolence. Truthful, direct information, devoid of sensational details provided as early as possible, will tend to dispel rumors. Delays in providing information will allow the rapid dissemination of false, sensationalistic, or misleading information.

3. In the case of a suicide or other death, invite the identified friends of the deceased to meet in a group at a selected site. This will be more effective than the offer of or announcement of the availability of counselors to speak with individuals. Young people are more apt to take part in a group with peer support, at least initially, than they are individually. **IT IS IMPORTANT TO NOTE** who does not take part, since in some instances, those persons most acutely affected do not attend a group meeting.

4. Calling a large assembly to discuss suicide or unintentional death is not recommended. However, the use of such an assembly to communicate to students the readiness of school personnel to be supportive and to hear problems would be appropriate.

5. Members of faculty, mental health and emergency services respondents will be designated to respond to inquiries from parents and other community members other than media. Depending on the size of the event, a relatively large number of parents or other community inquiries should warrant consideration of a group meeting to respond to parent's questions and provide instruction. A list of names, phone numbers of parents interested in pursuing further information should be maintained to access group participants when and if offered. This would circumvent the need to make a public announcement of the availability of meetings which would change the population of respondents and probably dilute the effectiveness of instruction or assistance.

6. High School staff and principal will be consulted regarding recommendations for someone who is deceased. Caution will be exercised to avoid dramatizing a death. Small active gestures such as planting a tree, writing a poem, or providing donations to appropriate local charities would be effective. If the deceased was lost by suicide, the extensiveness of the response should be minimized and limited to a one-time event.

7. Students will be advised by school counselors and team members to respect the wishes of the family before attending funeral services or making written contributions. A faculty representative, preferably someone who may know the family, should be designated to contact them prior to approval of any action by the students and in turn, to advise students appropriately.

FOLLOW-UP

1. Faculty will be provided with guidelines for assessment of individuals at risk, who may need ongoing individual attention. These individual should be referred through the natural Helpers/Peer Counselor referral system to Mental Health and other appropriate agencies for services. Faculty and students need to be reminded that participation in these services is voluntary and requires parental permission. It should also be noted that appropriate referral requires individual handling to assure contact, rather than simply informing the individuals at risk of the availability with the recommendation that they make contact.

2. Crisis debriefing from the Critical Incident Stress Debriefing team will be available if needed or requested. Sessions will be arranged to accommodate the number of individuals who could benefit from this service. This service is especially directed toward any faculty members or other individuals directly involved as respondents to critical or violent events. Critical Incident Stress Debriefing team representatives on the school crisis response team will advise regarding appropriateness of implementation of that service.

Roles played by the community
Hydaburg, Alaska

If the response plan is to be implemented, the first step should be to contact and prepare the various groups identified below:

1._____, head committee member who shall in turn notify other committee members and those listed below in phone-tree fashion.

2._____, police official

3._____, host agency, will maintain a 24-hour on-call counselor and will assist in making local contacts and will prepare to offer screenings and assessments to those persons identified by C.O.H.O. or other community members as high-risk.

4. _____, school official, will set into motion school policy pertaining to the event.

5. _____, clergy member

6. _____,

7. _____,

Those involved will work together to:

1. Identify relatives (sibling, parents, children) of the decedent and provide an opportunity for them to express their feelings and to discuss their own thoughts about suicide with a trained counselor. And, similarly, identify and provide counseling for boy/girlfriend, close friends, and fellow employees who may be particularly affected by the death(s).

2. Identify and refer past and present suicide attempters for counseling if these persons were substantially exposed to suicide, regardless of whether they were close friends of the decedent. "Substantially exposed" persons might include students in the same school or workers at the same location as the suicide victim.

3. Identify and refer persons whose social support may be the weakest and who have been substantially exposed to suicide. Examples may include: a) adults/students who have recently moved into the area, b) persons in a troubled family situation, or c) persons who have been recently widowed or divorced, or who have recently lost their jobs.

Appendix A-4

Fairbanks North Star Borough School District
Crisis Check List

BUILDING RESPONSE TEAM INITIAL CRISIS SCREENING

❑ A. Identify problem/event and determine degree of impact on school.

❑ B. Determine if additional support is needed. Administrator may request assistance of District-wide Response Team.

❑ C. Review facts and determine what information is to be shared with:

_ Faculty
_ Students
_ Parents/Community
_ Media
_ Identify media liaison _____

Determine how information is to be shared with staff/students in order to control rumors and provide factual information:

_ Written bulletins
_ Classroom presentations/discussions
_ Assemblies

❑ D. Identify high risk students and initiate the referral process, including procedures for self-referral.

_ Provide referral forms to staff
_ Maintain Student Referral List. Designate where list will be maintained and by whom _____
_ Designate interview locations _____
_ Return referral forms to principal and/or designee

❑ E. Establish a sign-in and message center for support service personnel on campus.

❑ F. Interventions:

_ Individual interviews
_ Group counseling
_ Classroom activities, presentations
_ Assemblies
_ Parent meetings
_ Staff meetings
_ Referrals to community agencies
_ Make handouts from District Crisis Intervention Handbook for staff and parents

DEBRIEFING - ON A DAILY BASIS

A. Review process, status of referred students
B. Prioritize needs
C. Plan follow-up actions
D. Provide support to team members

Appendix B

Levels of suicide intervention and specific activities

Primary prevention

- Curriculum on personal and social development.
- Annual in-service training session for all secondary school faculty, emphasizing the warning signs and referral procedures, with handout.
- Annual training provided to counselors and nurses.
- Training provided to teachers in subjects such as health, psychology, and sociology.
- Curriculum presentations to students in selected subjects.
- Presentations to student groups.
- Community and school-based presentations for parents emphasizing mental health and suicide prevention.
- Articles written on suicide prevention published in local newspapers and district newsletters, sent to each parent.
- Group counseling provided weekly to "at-risk" secondary students.
- Establishment of welcoming clubs and activities to help new students.
- Various school activities to boost student morale and promote a positive and drug-free school.
- Establishment of Peer Helpers programs.

Secondary intervention

- Provision of immediate support to a suicidal student.
- Assessment of the severity level of the student's suicidal thoughts or actions.
- Securing of needed services for the suicidal students, with or without parental support.
- Activities to assist faculty and students through the grieving process immediately following a suicide, and to minimize the contagion effects of the suicide.
- Identification of those students most affected by the suicide, and provision of assistance.
- Suggestion of appropriate memorials to the deceased.
- Responses to media attention that encourage downplaying the suicide method employed and instead publicize where to get help.
- Contact with the parents of the student who committed suicide, to offer sympathy, care for surviving siblings, and coordination of services between the school and family.

Tertiary intervention (postvention)

- Long-term follow-up of those who have been affected by the suicide of a friend or relative.
- Awareness of anniversary dates of losses and the birthdays of significant others who have committed suicide, and provision of support to those who need it at those difficult times.

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Appendix C

Some significant indicators of crisis in students

Crisis can occur in all students regardless of age. A student in crisis may attempt or commit suicide. Some significant indicators of a student in crisis may include one or more of the following.

Significant indicators

Suicide threat
Verbal hints indicating self-destructive behavior or that life would be better if student did not exist
Preoccupation with thoughts of suicide or death
Previous suicide attempt
Family member or close friend has attempted or completed suicide
Making final arrangements, giving away possessions
Sudden unexplained cheerfulness after prolonged depression
Keeping guns, knives, or lethal medicines in student's possession
Breakup with boyfriend or girlfriend and withdrawal from other friendships

School Indicators

Failing or drop in grades
Difficulty concentrating on school work
Loss of interest in extra-curricular activities
Social isolation
New to school
Frequent referrals to office because of behavior, tardiness, truancy
Academic learning difficulties

Physical Indicators

Changes in eating or sleeping patterns
Weight gain or loss
Neglect of personal appearance
Lethargy, listlessness
Frequent physical complaints
Pregnancy
Prolonged or terminal illness
Drug or alcohol abuse

Family Indicators

Loss of family member (or anniversary of loss) through death, separation, or divorce
Rejection by family members
Financial change, job loss
Recent household move
Family discord
Change in immediate family or household membership
Alcoholism or drug use in the family
Student is a victim of physical, sexual, and/or emotional abuse
Running away from home
Family history of emotional disturbance

Social and emotional indicators

Noted personality change
Depression, feelings of sadness
Withdrawal, does not interact with others
Sexual problems (promiscuity, identity, pregnancy)
Feelings of despair, hopelessness, helplessness
Feelings of being bad or the need to be punished
Unexplained accidents, reckless behavior
Recent legal involvement

Significant times of danger

Rites of passage
Graduation
Completion of parental divorce
Anniversaries of unhappy events (parental deaths, severe losses)
Holidays, particularly family holidays
Vacation times, especially if child is isolated
Change of season
Custody disagreements

Reproduced with permission: *Preventing Adolescent Suicide*,. Capuzzi, D., Munci, IN: Accelerated Development, (1988), 3400 Kilgore Ave., Muncie, IN 47304

Appendix D

Suicidal tendencies scale

Read each statement. Assess your client in each of the following categories. Place the appropriate score in the blank to the right of each statement. The statement applies if any of the conditions are met. If the question does not apply, consider it a zero (0). Add all the scores. Is your client at moderate, high, or very high suicide risk?

Question	0	1	2	Score
❑ External behaviors	No change in communication, academic performance, dress, etc.	Moderate change	Significant change	_____
❑ Self-esteem	Intact	Low self-esteem, disheveled appearance and/or poor hygiene	Very low self-esteem; self-destructive or self-mutilating behaviors	_____
❑ Support system	Intact	Alienated from some family or friends	Socially unresponsive; alienated from most family or friends	_____
❑ Significant relationships	Healthy relationships	Moderate relationship problems	Broken relationships	_____
❑ Significant loss and/or change	None	Recent death of a friend or pet; health, job, or financial problems	Unresolved loss or death of loved one; loss of job; financial disaster; terminal illness	_____
❑ Depression	Not evident	Moderate; low in energy; not coping well	Severe; apathetic and withdrawn or sudden rise in energy — a "happy depression"	_____
❑ Will to live	Has purpose/meaning for living	Questions life; afraid of losing control; beginning to feel helpless or hopeless	Consistent thoughts and feelings of helplessness and hopelessness	_____
❑ Substance abuse; alcohol, drugs, food, etc.	None known	Alcohol/drug use moderate; social use; overeats or undereats	Alcohol/drug use heavy; addiction; bulemic, anorexic	_____
❑ Family suicides, friends, or others	None	Distant family member; not known well	Immediate family member; loved one	_____
❑ Frequency of suicidal thoughts	No thoughts of suicide	Isolated, with periods of persistence; has had prior thoughts but did not attempt	Constant and persistent	_____
❑ Prior attempts	None known	One attempt	Wished it had been successful	_____
❑ Method of Suicide	No method considered	Considering methods	Has decided on a method and/or has access to a method	_____
❑ Development of plan	No plans	Thoughts just beginning to develop	Thoughts becoming specific; giving away possessions	_____

Scores:	3-6	7-10	10+	Total Score _____
	Moderate Risk; Further assessment recommended	High risk; Begin intervention procedures	Very high risk; Crisis situation; Immediate intervention necessary	

Reproduced with permission: *Suicide Tendencies Scale*, Crocitto, J.A., The School Counselor, American Association for Counseling and Development, (May, 1990), 5999 Stevenson Avenue, Alexandria, VA 22304

Appendix E

Suicide risk assessment worksheet
Probability of attempt

LOW ___ MEDIUM ___ HIGH___

Instructions: Use as a check list and average for final assessment. Each item carries the same weight

	RISK PRESENT, BUT LOWER	MEDIUM	HIGHER
❑ Suicide Plan Details	— vague	— some specifics	— well thought out, knows when, where, how
Availability of means	— not available, will have to get	— available, have close by	— have in hand
Time	— no specific time or in future	— within a few hours	— immediately
Lethality of method	— pills, slash wrists	— drugs and alcohol, car wreck, carbon monoxide	— gun, hanging, jumping
Chance of intervention	— others present most of the time	— others available if called upon	— no one nearby; isolated
❑ Previous suicide attempts	— none or one of low lethality	— multiple of low lethality or one of medium lethality, history of repeated threats	— one high lethality or multiple of moderate
❑ Stress	— no significant stress	— moderate reaction to loss and environmental changes	— severe reaction to loss or environmental changes
❑ Symptoms Coping behavior	— daily activities continue as usual with change	— some daily activities disrupted; distrubance in eating, sleeping, school work	— gross disturbances in daily functioning
Depression	— mild, feels slightly down	— moderate, some moodiness, sadness irritability, loneliness and decrease of energy	— overwhelmed with hopelessness, sadness and feels worthless
❑ Resources	— help available; significant others concerned and willing to help	— family and friends available but unwilling to consistently help	— family and friends not available or are hostile, exhausted, injurious
❑ Communication Aspects	— direct expression of feelings and suicidal intent	— interpersonalized suicidal goal ("They'll be sorry — I'll show them")	— very indirect or non-verbal expression of internalized suicidal goal (guilt, worthlessness)
❑ Life style	— stable relationships, personality, and school performance	— recent acting out behavior and substance abuse; acute suicidal behavior in stable personality	— suicidal behavior is unstable personality, emotional disturbance, repeated difficulty with peers, family, and teachers
❑ Medical status	— no significant medical problems	— acute but short term or psychosomatic illness	— chronic debilitating or acute catastrophic illness

TOTAL CHECKS _____ LOWER _____ MEDIUM _____ HIGHER COUNSELOR _____

STUDENT NAME _____ I.D.# _____ DATE _____

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Appendix E-2

Suicide risk assessment worksheet
Probability of attempt

IMPORTANT

The completion of this assessment worksheet indicates concern for a possible suicide attempt. Even if the assessment indicates a low risk, there is a risk present.

PROCEDURES FOR PRIMARY CAREGIVERS

High risk

Notify Psychological/Social Services Department and request assistance. Notify building administrator and notify parents.

Medium risk

Request assistance or consultation from Psychological/Social Services Department if desired. Notify building administrator and notify parent.

Low risk

Caregiver will provide the intervention. Request consultation from Psychological/ Social Services Department if desired. Notify building administrator and notify parents.

All cases — File report with Psychological/Social Services Department following the intervention.

SCORING

Multiple total checks in the "lower" column by 1.
Multiple total checks in the "medium" column by 2.
Multiply total checks in the "higher" column by 3.

Add these three weighted scores.

Divide the total of the weighted scores by 3.

Final risk assessment.

LOW	1 - 4
MEDIUM	5 - 8
HIGH	9 - 13

Dallas Independent School District, Dallas, Texas
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Appendix F

RADS AND SIQ

Introduction and Purpose

Two successful instruments for identifying and determining the severity of depression and suicidal ideation in adolescents are the Reynolds Adolescent Depression Scale (RADS) and the Suicidal Ideation Questionnaire (SIQ). These tools interface well and give schools the ability to measure depressive symptoms and suicidal ideation. It should be noted that depression is not a necessary prerequisite to thinking about suicide. Adolescents without indication of depression can harbor suicidal thoughts in the forms of morbid ideations such as "others would realize my worth if I were dead," or "I could punish my parents by killing myself."

Reynolds Adolescent Depression Scale (RADS)

This scale assesses depressive symptoms in adolescents (ages 13-18). It has proven to be extremely accurate in both a school and clinical setting. It is designed to measure adolescent feelings about self and things in general. The RADS consist of 30 items and utilizes a four point like t-type response format. The format requires the adolescent to endorse whether the symptom-related item has occurred: almost never, hardly ever, sometimes, or most of the time. The response format assesses the frequency of problematic indicators which are positive signs of a depressive disorder. Sample items are: "I feel like hurting myself," "I feel I am no good."

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Suicidal Ideation Questionnaire (SIQ)

The SIQ is a self-report inventory designed to assess thoughts about suicide among adolescents and young adults. It is not designed to identify those who are going to attempt suicide, but to recognize those thinking about suicide. While the RADS identifies depression, the SIQ recognizes those who are not depressed, but who entertain suicidal thoughts as part of their thinking process. Examples would include talking about death or wishing he/she were dead. The Questionnaire asks the participant to respond to thirty thoughts. Sample items include: "I thought about death," "I thought others would be better off without me." There are seven possible responses to each question ranging from "almost everyday" to "I have never had this thought."

Conclusion

The SIQ and RADS are tools for identifying the level of depression and suicidal ideation among out teenagers. Each questionnaire has been thoroughly tested for reliability and validity and can be administered to all students or on an as needed basis. Each questionnaire has a professional manual which must be thoroughly read by the administrator. For more information, contact: Psychological Assessment Resource, Inc., P.O. Box 998, Odessa, Florida 33556, telephone: (813) 968-3003.

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Appendix G

Sample

Crisis assessment and intervention form

(Confidential Information) Referral Date_____ Time _____

Student's Name_____BD ___ Age ___ Sex: M F

School_____ Grade ____ Teacher _____

Parents _____ Phone (H)_____(W) _____

Address _____

Student Referred By _____ Relationship _____

Reason for Referral _____

_____

_____

_____

Stressors:

- ❑ Loss of significant other by death, divorce, separation (who, when)

_____

- ❑ Loss of important peer relationships breakup of boyfriend/girlfriend relationship
- ❑ Apparent alienation/rejection of parents
- ❑ Recent failure at school - relationships, sports, academic standing, etc.
- ❑ Does not belong to an identified peer group
- ❑ Other stressors _____

_____

Emotional State:

- ❑ Guilt
- ❑ Anxiety
- ❑ Hopelessness
- ❑ Feelings of being bad
- ❑ Feels should be punished

Symptoms:

- ❑ Disturbance in sleep
- ❑ Disturbance in appetite
- ❑ Weight loss/gain
- ❑ Isolation/withdrawal
- ❑ Lethargic
- ❑ Accident prone
- ❑ Truancy/running away
- ❑ Aggression/agitation
- ❑ Impaired ability to concentrate
- ❑ Thinking/talking about wish to be dead
- ❑ Sexual problems (promiscuity, identity, pregnancy)
- ❑ Frequent clinic visitor
- ❑ Change in personal appearance
- ❑ Somatic complaints (headaches, etc.)
- ❑ Drug/alcohol abuse
- ❑ Has given away prized possessions

Crisis assessment and intervention form cont.

Self destructive plan

Is implement available? ❑ Yes ❑ No

Method: _____ How lethal is the method? ❑ High ❑ Low

Place: _____

Time: _____

Has the student made a public declaration of his intent? ❑ Yes ❑ No

Prior thoughts of suicide? ❑ Yes ❑ No When did they first occur? _____

How frequently does the student think about suicide? _____

Prior threat? ❑ Yes ❑ No When? _____ Method? _____

Hospitalized for depression or suicidal behavior? ❑ Yes ❑ No When? _____

Received outpatient treatment? ❑ Yes ❑ No When? _____

Student is willing to sign a life line contract? ❑ Yes ❑ No

_____

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Appendix H

Guidelines to counselors for assessing lethality and assisting a suicidal student

- Be aware of your personal issues on this topic.
- Calmly gather information to assess lethality and to identify a course of action.
- Listening skills are very important. Reflect feelings, be nonjudgmental, and avoid minimizing the problem.
- Ideally, you should already have a relationship with the student.
- Communicate caring, support, and trust, while providing encouragement that the student can cope.
- Inquire directly about suicidal plans, method, time, and place.
- Emphasize the student's worth and his or her previous coping skills. Be hopeful.
- Gather information about the student's history, with emphasis on the suicidal history of the student and family and on substance use.
- Has anyone been told about suicidal plans, and what is the possibility of rescue?
- Has the student made any final arrangements?
- Has the student imagined the reaction of others to his or her death?
- Does the student understand the finality of death?
- Keep notes of your interaction with the student.
- Do not leave medium or high-risk students alone.
- Have the student sign a no-suicide contract. If the student refuses to sign, stay with him or her.
- Get supportive collaboration from a colleague.
- Let the student know the limits of confidentiality, and explain why it is in the student's best interest to inform parents so everyone can work together to assist him or her.
- Be familiar with community resources.
- Outline for the student the steps that are being taken to help him or her.
- Emphasize alternatives to suicide.
- Make a follow-up appointment with the student.
- Notify the parents of the student.

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Five components of psychological first aid

Component	Helper Behavior	Objective
Make psychological contact 1	Invite client to talk Listen for facts and feelings Summarize/reflect facts and feelings Make empathic statements Communicate concern Physically touch/hold Bring calm control to an intense situation	Client to feel heard, understood, accepted, supported Intensity of emotional distress reduced Problem-solving capabilities reactivated
Explore dimensions of the problem 2	**Inquire about:** **Immediate past** Precipitating event Pre-crises functioning (strengths and weakness) **Present** Functioning now (strengths and weaknesses) Personal (inner) resources Social (outer) resources Lethality **Immediate future** Impending decisions — tonight, weekend, next several days/weeks	**Rank order:** (a) Immediate needs (b) Later needs
Examine possible solutions 3	Ask what client has attempted thus far Explore what client can/could do now Propose other alternatives new client behavior redefinition of the problem outside (third party) assistance environmental change	Identify one or more solutions to immediate needs and later needs
Assist in taking concrete action 4	See following chart	Implement immediate solutions meet immediate needs

Five components of psychological first aid (continued)

5	Concrete Action: Helper Behavior

If: (a) Lethality is low, and (b) person is capable of acting on own behalf, then,

Facilitative Stance
"We talk"
"You act" and
Contract for action is between helper and client

Ranges from active listening to giving advic.

Follow-up
Secure identifying information
Explore possible follow-up procedures
Set up contract for recontact

If: (a) Lethality is high or (b) person is not capable of acting on own behalf, then

Directive Stance
"We talk
"I may act on your behalf"
Contract for action might include family and other community resources
Ranges from actively mobilizing resources to controlling the situation

Secure feedback on 3 subgoals of psychological first aid:
Support received
Lethality reduced
Linkage to resources accomplished
Set next phase in motion:
Later solutions
If (a) immediate needs were met by immediate solutions and concrete action taken, and if (b) linkage for later needs is made, then STOP.
If not , go back to Step 2 (Dimensions of Problem) and CONTINUE.

Reproduced with permission: *"Psychological First Aid", Crisis intervention: a handbook for practice and research* (2nd ed.),. Slaikeu, K.A. Boston: Allyn and Bacon (1990) 7 Wells Ave., Newton MA 02159

Appendix J

Do's and dont's of psychological first aid

	Do	Don't
Contact	Listen carefully. Reflect feelings and facts. Communicate acceptance.	Tell your "own story" yet. Ignore either facts or feelings. Judge or take sides.
Dimensions of problem	Ask open ended questions. Ask person to be concrete. Assess lethality.	Rely on yes/no questions. Allow continued abstractions. Ignore danger signs.
Possible solutions	Encourage brainstorming. Deal directly with blocks. Set priorities.	Allow tunnel vision. Leave obstacles unexplored. Tolerate a jumble of needs.
Concrete action	Take one step at a time. Set specific short-term goals. Confront when necessary. Be directive, if and only if you must.	Attempt to solve it all now. Make binding long-term decisions. Be timid. Retreat from taking responsibility when necessary.
Follow-up	Make a contract for recontact. Evaluate action steps.	Leave details up in the air, or assume that client will follow through on plan on his/her own. Leave evaluation to someone else.

Reproduced with permission: *"Psychological First Aid", Crisis Intervention: A Handbook for Practice and Research* (2nd ed.), Slaikeu, K.A.,- Boston Allyn and Bacon, (1990) 7 Wells Ave., Newton, MA 02159

Appendix K

SAMPLE

School counselor action plan

Support Resources (identified by student) _____

_____

Support Resources (identified by counselor) _____

_____

Lethality of Method	_____	High	_____	Medium	_____	Low
Availability of Means	_____	High	_____	Medium	_____	Low
Specificity of Plan	_____	High	_____	Medium	_____	Low
Suicidal Risk	_____	High	_____	Medium	_____	Low

ACTION TO BE TAKEN

DATE: _____ TIME: _____

Crisis Team Member: _____

	YES	NO	N/A	PERSON RESPONSIBLE	DATE COMPLETED
Contact Parents	___	___	___	_____	_____
Notify Principal	___	___	___	_____	_____
Notify Community Mental Health	___	___	___	_____	_____
Consult with local school/ community mental health liaison	___	___	___	_____	_____
Notify Social Service police or youth service office	___	___	___	_____	_____
Is it safe to let student go home?	___	___	___	_____	_____
Is the student in need of 24 hour supervision?	___	___	___	_____	_____
Is student provided with contact person and phone number?	___	___	___	_____	_____
Is student scheduled for contact with school counselor for the following day	___	___	___	_____	_____
Other (specify) _____	___	___	___	_____	_____

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Appendix L

SAMPLE

Contract

If a student who manifests suicidal ideation is already under psychiatric care and is not going to consent to being hospitalized, the school personnel (counselor, school psychologist) could help the student make it through to the next appointment by the means of a written contract.

(1) I, _____ agree not to kill myself, or cause any harm to myself during the period from _____ to _____ the time of my next appointment with_____.

(2) I agree to get enough sleep and to eat well.

(3) I agree to get rid of things I could use to kill myself.

(4) I agree that if I have a bad time and feel that I might hurt myself, I will call _____, my counselor, immediately at # _____ or the Crisis Center at # _____.

(5) I agree that these conditions are part of my counseling

contract _____

with _____

signed _____

witnessed _____

date _____

Reproduced with permission: *Brief Counseling with Suicidal Persons.*, Getz, W.L., Allen, D.B., Myers, R.K., and Linder, K.C., Lexington, MA: D.C. Heath and Co., (1983) 125 Spring St., Lexington, MA 02173

SAMPLE

Crisis intervention documentation record

ID# _____ Name _____ Grade_____ Sex M F
Age _____ Birthdate _____ Address _____
Father _____ Hm Phone _____ Mother_____ Hm. Phone_____
Wk Phone_____ Wk. Phone _____

Check and complete appropriate blanks below

Crisis Referral _____ Suicide _____ Other _____ Date _____
Referred by _____ Date _____
Title _____

Crisis interview information

Interviewed by _____ Date _____ Time _____
Description of symptoms
_____
_____
_____
_____
Ambulance called _____ Time _____

Notification information Check and complete appropriate blanks below

Check	Date	Notification	Name
_____	_____	Parent	_____
_____	_____	Counselor/Nurse	_____
_____	_____	Principle/Asst. Prin.	_____
_____	_____	Attendance Office	_____
_____	_____	Other	_____

Follow-up information Check and complete appropriate blanks below

Check	Date	Follow-up Action	Location/Person
_____	_____	Hospitalization	_____
_____	_____	Treatment	_____
_____	_____	School Counseling.	_____
_____	_____	Follow-up Appointment	_____
_____	_____	REFERRAL COUNSELING	_____
_____	_____	REPORT TO INITIAL REFERRAL SOURCE	_____

Comments

Packet Information
To Parent _ yes _no
To Student _ yes _no

Filing of Report _____ Date _____
Signature Counselor/Nurse

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Appendix N

Goals and procedures for notifying parents of suicidal behavior

- Parents must be notified; a conference at school is preferable to telephone notification.
- Two school staff members should be involved, as should both parents (if at all possible), and a cooperative effort to help the student should be emphasized.
- Parents should be made to understand the severity of the situation and should be provided with suggestions to increase supervision, reduce the availability of lethal weapons, and assist their child.
- The student should be included in all or part of the conference.
- Parents may be requested to sign a form acknowledging that they have been notified that their child is suicidal .
- A referral to a mental health professional in the community who has access to hospitalization is almost certainly needed.
- A release of information form should be signed, so that communication between the community mental health professional and the school can take place.
- Follow-up services at school should be discussed and an appointment made with the student.
- Parents should be requested to keep the school informed about the outside treatment.
- Parents who refuse to follow the school's recommendations should be told that the child welfare agency will be called, and the school personnel should not hesitate to do so. A follow-up letter should be mailed to parents.
- Assistance at school should be provided to the student, no matter what the reaction of the parents is, in accordance with local and state guidelines.

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Appendix O

SUICIDE POSTVENTION GUIDELINES

Suggestions for Dealing with the Aftermath of Suicide in the Schools

American Association of Suicidology

Suicide Postvention Guidelines

Suggestions for Dealing with
the Aftermath of Suicide in the Schools

Developed by the:

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The suggestions are not meant to represent standards of care. They are not intended to be considered as advice, consultation or to replace appropriate medical or mental health care.

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Suicide Postvention Guidelines

INTRODUCTION

For schools to deal effectively with the impact of the suicide of a student or faculty member, they need a postvention plan to guide their actions. The impact of a suicide is devastating. Fear, panic, and anger can be anticipated together with sorrow and other signs of grief. There is a real danger that other vulnerable young people will choose to imitate the suicide act. Although the dynamics of contagion are not fully understood, cluster suicides are a reality. School and community must work together to provide reassurance and a sense of security after a suicide. Timely and appropriate efforts can alleviate the intensity of the crisis, help protect other at-risk students and facilitate the process of recovery. **Such a plan should be established before a suicide, not after.**

No model postvention plan will fit every community and school district or even every school within a school district. Each institution has its own organization, traditions and resources. No two suicides will have exactly the same impact. The circumstances of the suicide, the relationship of the victim to the survivors, and context in which it takes place, vary greatly from one situation to another. All those associated with the victims become, in effect, survivors of the tragedy and therefore subject to a predictable range of emotional distress which reduces their ability to cope. This distress can affect institutions, organizations, and, in some situations, entire communities. Because such reactions can be anticipated, a postvention strategy should be planned in advance.

The document that follows offers guidelines to help schools and their communities as they undertake the process of creating their own postvention policies and procedures. The school/community plan must be developed before the occurrence of a youth suicide or, in some cases, a suicide attempt.

GOALS

1. **To help students, faculty and staff understand and begin the grieving process.** Above all, the crisis team needs to be compassionate and mindful of the emotional pain experienced by survivors of suicide. Coping skills can be strengthened by loss, when proper guidance is provided. Postvention provides the opportunity to provide the bereaved with appropriate resources and assistance. The initial hours and days following a suicide are critical for the grieving survivors to begin the difficult journey of emotional healing.

2. **To prevent further suicides.** It has been well documented that vulnerable teenagers may imitate a suicide of a classmate, acquaintance, or anyone with whom they identify. Contagion is a real danger. It is still not quite fully understood how this occurs but there have been several 'epidemics' or suicide clusters to illustrate that it can and does happen.

3. **To identify and refer students who are at increased risk.** Screening should be done during postvention for symptoms of extreme emotional distress and the need for psychological assistance. Suicide survivorship can precipitate many psychological or psychiatric conditions, including post traumatic stress disorder, depression, separation anxiety, disturbance in interpersonal relationships, substance abuse and school failure.

2

COORDINATING COMMITTEE/COMMUNITY LINKAGE

Some suicides by their very nature will have an impact on the entire community. This is particularly true in cases of suicide clusters in which there are a number of deaths among young people. At such times the entire community can become a survivor and demonstrate characteristic survivor reactions. Fear, guilt and anger spread to encompass more and more people. The community as a whole needs a mechanism to deal with such situations.

The Centers For Disease Control recommends that each community form a central committee of local leaders and agencies to plan a coordinated postvention effort if a cluster of suicides or suicide attempts occurs or if there are one or more traumatic deaths which may influence others to attempt or complete suicide. These committees, often called a municipal Crisis Response Team, usually will include representations of the superintendent of schools, police chief, mayor or city manager, clergy leader and director of the local community based Mental Health provider or their designees. This committee should be formed before a crisis occurs. One agency should be assigned the task of establishing a mechanism for notification of the other members of the "coordinating committee" when it appears that a cluster may occur. The committee must maintain the membership and response plan and insure periodic updating of new advances in the field of suicide prevention and postvention situations. Specific responsibilities of this committee may include:

1. Identification of the relevant community resources--hospitals, police, schools, clergy, media, crisis centers, mental health agencies, etc. Their roles in a crisis and procedures for coordinating postvention efforts need to be defined. One option is to establish a community-wide crisis team which can intervene directly and/or offer consultation where indicated.

2. Arrangement and preparation of a specific response plan for the school(s). This plan should specify the referral process to expedite the availability of community resources and anticipate any direct assistance a school may require. It should insure that the school does not become isolated during a community crisis. It is important to have the school administration participate in the development of the plan and endorse it.

3. Organization of a community forum to share information, provide guidance and address community concerns. Anticipate that intense and complex feelings will surface during the meetings. Provide the opportunity for small group discussions led by knowledgeable members of the committee or crisis team.

4. Development of a mechanism for surveillance of suicide attempts and identification of long-term issues.

5. Identification of community problems which bear on youth suicide and recommendation of changes in the community's environment. The committee can become an advocate for issues affecting young people.

6. Appointment of a community spokesperson to represent the committee as a whole and individual spokespersons to represent the various public sectors participating on the committee.

7. Development of a method for scheduling regular news conferences, to provide a community perspective on a crisis and to publicize postvention measures, warning signs and counseling/hotline resources. The committee may also approach the local media to attempt to establish voluntary guidelines for reporting suicides before a tragedy occurs.

8. Establishment of a reliable communications contingency plan to insure that coordinating committee members will be quickly contacted if the need arises. The group may want to designate a lead agency for this and other administrative purposes.

9. Creation of a stress management plan for crisis team members and others working with the survivors. For example, plan time for "debriefing" meetings.

In addition to any established community plan for response to a suicide, each school should establish its own linkages with relevant agencies and services before they are needed and arrange for suicide awareness staff development opportunities for teachers and crisis intervention training for counselors. Each school should be familiar with the procedures for accessing community hospitals, mental health resources, postvention consultation, etc., and have an on-going relationship with key contacts.

SCHOOL BASED CRISIS TEAM: MANAGING THE CRISIS

The first step in developing a school postvention plan is to designate a crisis team leader who has decision making authority to coordinate assignments and communicate with the building administrator. The team will have the overall responsibility for implementation of the plan. Its members should be trained in grief counseling and crisis intervention. It is desirable that several of the crisis team members have had first hand experience managing postvention. This assignment should take priority over other job assignments so that the team can convene quickly, at least within an hour or two of being called.

Members of the crisis team should be selected from the school and/or school district. Team members can be drawn from the ranks of guidance counselors, nurses, psychologists, social workers and other staff with similar training in crisis situations. Supplemental training may be indicated in the areas of suicide risk assessment, crisis management, grief counseling and postvention principles. Prior arrangement could be made for assistance from experienced staff from other school districts or central offices. There needs to be at least one person on the crisis team not assigned to the building who is not emotionally involved with the deceased student and the school supervisors. It may be useful to appoint someone to assist in organizing and record keeping.

Schools may also find it helpful to use an outside consultant to provide guidance to both the crisis team and the school administration. These experienced and knowledgeable professionals bring a greater objectivity to these intensely emotional situations. There is an advantage to including a child or adolescent psychologist or psychiatrist, if one is available, to form an interdisciplinary team. However, even with the availability of a consultant, the brunt of postvention activities will fall on the schools' crisis team. In some areas the consultant may be someone from another school or a central office team rather than a representative of a mental health agency or a private practitioner. The school crisis team and school personnel need to be empowered to take the lead in the postvention process, with the consultant playing a supportive role.

The size of the crisis team will depend on available resources, the size of the school and the impact of the suicide. Six members is a suggested minimum. The size of the team may be increased or decreased according to need. Counselors and staff from other schools are additional resources.

The crisis team should meet prior to the implementation of the postvention plan. Meetings should be held several times a day in the early stages of a postvention to review or revise the assignments, and at the end of each day to debrief, process and support each other. Postvention work is stressful. The team members need to acknowledge this and plan ways to insure mutual support, as well as provide support to the principal and

other administrators. The team leader must maintain open communication with the school principal and central school administration during the entire course of the postvention.*

Specific postvention guidelines are described in the following sections of this document.

DISSEMINATING INFORMATION

Immediately after a suicide, one of the first issues is how to best communicate information to students and faculty. It is important that the death be addressed openly and directly. Once the basic facts of a suicide are known, any attempt to delay informing the students will only encourage rumors. There is no way to keep the suicide of a student or teacher a secret, even if the family requests it. How this information is disseminated is very important. Most survivors can remember years later how they first learned of the suicide of a friend or loved one. The impact of the loss can be compounded if the information is not presented honestly and with empathy.

The following steps need to be taken:

1. Verify the information from police and/or medical examiner. Situations where it has not yet been resolved whether the death is a suicide can be dealt with by acknowledging this uncertainty and using the term "apparent" suicide.

2. Tell the faculty first, ideally at a meeting at the end of the day or before the beginning of classes.** Remember that the faculty are as much survivors as the students and will also be having intense reactions that need to be validated and addressed. Help them anticipate their students' reactions and questions and be alert for anyone needing additional attention. If a meeting cannot be called for the faculty, have members of the crisis team go to each classroom individually to inform the teachers. Make plans to notify the support staff or others who are not able to attend the meeting.

3. Call close friends out of class to tell them individually. Identify family members who either attend or work at the school and inform them privately.

4. Prepare a brief written statement for teachers to read to their classes. It helps for both faculty and students to first learn of the death from a familiar person. If a teacher wishes help reading the statement, have members of the crisis team or another teacher pair up to talk to the class together. This statement should include the basic facts of the suicide without disclosing the precise description and details of the method, recognition of the sorrow and distress the news will cause, and information about the resources available to help students cope with their grief. Avoid the use of a loudspeaker or large assemblies to disseminate this information. If the school intercom is used it should be followed by class discussions to allow an opportunity to share feelings in a small group setting. Teachers should always be informed <u>before</u> the students so they are prepared to deal with their students' grief and confusion.

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*It is advisable for the team leader to be responsible for seeing that careful records and documentation is kept of all at-risk students that are identified or referred for counseling.

**Most schools have an existing mechanism for disseminating important information quickly.

5. Communicate this information to the central administration and other schools in the district that may have siblings or friends affected by the death. This also promotes a two-way exchange of information and resources.

6. Send a letter with correct information to classmates' parents if the suicide victim was an elementary or middle school student or provide some way to inform parents, i.e. individual phone calls to parents of classmates. The purpose is to reduce the likelihood of distortions and to alert parents to be sensitive to their child's reactions to the tragedy. The letter should encourage the families to contact or come to the school with any personal concerns and to report any changes in the behavior of their child.

7. Instruct the school secretary or receptionist how to handle telephone calls from parents and requests for information from the media or other community members. This promotes a two-way avenue for communication by giving access to information and welcoming helpful ideas. Provide the secretary with a prepared statement for the media.

PROVISION FOR INDIVIDUAL AND GROUP COUNSELING

In the days immediately after a suicide two things should be going on simultaneously: the maintenance of a calm, supportive atmosphere, and the provision of special counseling initiatives. For many students, the predictability of the school routine is reassuring during a time of stress. It is important that the school remain open and maintain, as far as possible, a normal schedule. Some reduction in academic expectations is indicated; tests and papers should be rescheduled, if at all possible. At the same time, a flexible approach should be adopted which provides maximum opportunity for students to talk about their reactions. Besides encouraging use of existing counseling resources, special outreach and screening measures should be initiated.

Careful selection of counseling rooms is one of the first decisions to be made. Preparation for crisis counseling should be made at the same time information about the suicide is being disseminated. The rooms selected must be appropriate for groups as well as individual counseling. Pick private places, free from interruption and conducive to the counseling process. A home-economics living room, a corner of the library, or counselor's meeting room works well. The cafeteria or auditorium do not lend themselves to individual or group counseling. If a large room is used and becomes too full it could lead to emotional contagion that is difficult to control.

Some students will require special screening either because they were close friends or relatives of the victim, or because they constitute an at-risk group. Students with a history of suicidal ideation and/or behavior, an association with someone else who committed suicide, or those with known histories of depression or other emotional illness should be seen individually. The suicide may also deeply affect someone who has suffered a recent loss. If possible, they should be seen by their own school counselor or a school psychologist who has worked with them before.

The closer the relationship to the person who completed suicide, the more intense the survivors' reaction is likely to be. There is also the possibility that some friends are feeling guilty because they had some advance warning of the suicide. A group counseling approach can be especially appropriate with friends because of the commonality of their reactions. A group experience can help them learn how to support each other. Undoubtedly they will be spending time together outside of the group and outside of school. It will not be possible to anticipate the identities of all those who will be seriously upset or endangered by the suicide. Those with no obvious connection to the victim can still be at-risk and should have the opportunity to identify

themselves or be referred for counseling. Students who may be at increased risk because of the suicide include those who:

1. Have a history of previous suicide attempts;
2. Experience emotional difficulties;
3. Have been hospitalized for emotional problems or drug or alcohol rehabilitation;
4. Had a close relationship with the deceased (real or imagined);
5. Might identify with the deceased or see him/her as a role model;
6. Are preoccupied with death or suicide;
7. Have experienced a recent death of a loved one;
8. Have a personal history that includes the suicide of a family member or friend;
9. Are friends or siblings of the deceased;
10. Self-identify as at-risk.

The key, therefore, is a flexible and alert responsiveness by the crisis team to address concerns from a wide variety of sources. For this reason, the team size may have to be increased once at risk students are identified.

A crisis team member (or members) should be assigned to follow the victim's class schedule and assist the teachers in discussing the death. All students should be encouraged to express feelings and ask questions. It is important to clarify misconceptions about this suicide and suicide in general, but it is not appropriate to turn the discussion into a lecture or formal lesson about suicide prevention. The students can discuss and make plans to extend sympathy to the family and/or attend the funeral. Allow the students to participate in the decision-making about the victim's empty desk. The teacher or administrator will assist the family to bring home personal belongings.

The postvention counseling approach focuses on emotional and behavioral reactions that interfere with a healthy grieving process and with survivors' ability to cope with the crisis. It emphasizes validating and normalizing many conflicting reactions, i.e. anger, guilt, shame, blame, denial, and anxiety. While there is considerable variability in the timing and intensity of such reactions, all survivors are vulnerable. Feelings of guilt are often paramount. A constant postvention theme is the basic reality that the suicide is a complex, multi-determined act by an individual, for which others cannot assume responsibility. Grief resolution after suicide may take as long as two years, longer for some. While the intensive postvention efforts may stop after a few weeks, a need for individual and group counseling may continue. The anniversary of the suicide and other special occasions may rekindle the initial acute grief. The following guidelines are useful in counseling survivors individually and in support groups.

Guidelines for Counseling

1. Explain, encourage and normalize expression of feelings such as shock, fear, sadness, guilt, anger at others or at the victim, etc. Assure students that these painful feelings can and will be alleviated through discussion, counseling and emotional support and will become less intense over time.

2. Reassure that there is no "right way" to feel after a suicide. Do not expect resolution of sorrow as a goal for the group or try to "cheer them up". They will need to experience the pain to progress through their grief.

3. Help clarify the facts of the suicide as they are understood. Ask the students to repeat information they know and correct the errors if necessary.

4. Encourage reality testing of the common misconception that someone other than the victim is to blame for the suicide. The suicide was the choice of the victim. The

counselor should not speculate why the victim chose to die or who is to blame. Acknowledge survivors desire to know "why," yet impress on them that the only one who really knows the answer is now dead.

5. Do not describe the suicide in positive terms or glamorize the act. Suicide is neither romantic nor heroic. It does bring attention, which may be appealing for those seeking attention. The focus needs to be on ways to get attention from significant others without threatening or attempting suicide.

6. Ask the students or survivors to describe their memories about their friend. These memories may be happy, sad or angry. They can talk about how long they have known the victim, what they did together, what he or she was like, etc. Ask them to describe the last time they saw the victim and what they said or wish they had said if they knew this was to be last time they saw him or her.

7. Encourage discussion of recent losses and description of their experiences at funerals and what might be expected at this one.

8. Acknowledge that suicidal thoughts are common but do not have to be acted upon. There are other alternatives and options.

9. Rehearse possible condolence messages to the family. This may be a new experience and cause anxiety when they are unsure about what to say.

10. Encourage the students to talk to their parents and friends about their feelings and thoughts regarding the suicide. Ask them to discuss positive experiences with help-seeking. To whom do they turn for support?

11. Direct students to available sources of assistance for themselves and their friends. Be sure they know how to use the local hot line. Write down the telephone numbers of appropriate community resources.

12. Check with each student to see if he or she is currently thinking about suicide. Be alert for these students who may need additional outside counseling help when suicidal ideation is present and make provisions for meeting with parents to make a referral.

Special initiatives are required to help school staff as well. They, too, are survivors and in some cases their reactions may be even more intense than of the students. While they are dealing with their own reactions, they are also called upon to help their students through the crisis and to model appropriate responses. Members of the crisis team need to be available to meet with staff individually and in small groups. Assigning a team member to the teacher's lounge and lunch room can help facilitate discussion. A consultant or team member may wish to meet with the entire school staff to discuss how people react to suicide. Small-group follow up will be helpful for some. However, staff need the right to choose their own particular way of coping. Some staff will prefer to avoid all discussion of their own feelings and focus on the students. Their wishes need to be respected so long as they seem appropriate.

Release grieving students from school only with their parents' knowledge and approval. Do not permit students to leave the school building to go home to an empty house. They are much better off being with their friends and caring adults. If they prefer not to attend class, provide a place for them to be together or alone with a staff or crisis team member close by. People grieve in different ways. As long as it is not destructive, allow them to decide what is the most comfortable place for them.

Be attuned to the needs of friends and siblings in attendance at other schools or who have left school. A member of the crisis team may need to be assigned to track them down and counsel them. Be sure to notify the principal of the elementary school or middle school that a high school suicide victim attended. Word usually spreads quickly, so they too need to have accurate information.

MEMORIALS AND THE FUNERAL

There needs to be a balance maintained between supporting the grieving process and the avoidance of glamorizing or sensationalizing the suicide. Maintaining this balance is a particularly delicate issue as the school decides on appropriate commemorative activities. Often the school's custom with regard to student deaths will provide a baseline for the decision. Memorial activities should not go beyond what is customary in other situations. For example, if it is the custom to fly the flag at half staff or have a moment of silent prayer then this activity is all right.

Some memorial activities are questionable, even if customary. Do not dedicate an athletic event, dance or other school activity to the deceased student. Establishing any kind of permanent memorial such as a plaque, planting a tree, dedicating the year book, or establishing a scholarship fund has the potential for becoming a constant invitation to consider suicide. Memorial assemblies can be too intense and difficult to manage. Grieving students may be very persistent in their efforts to honor the memory of the deceased friend. School personnel should understand and explain these responses as part of the grief process and channel the student's energies into constructive projects to help the living. If funds are collected they may be offered to the family to help with funeral expenses or donated to a community agency such as a crisis center.

All students wishing to attend the funeral service should be encouraged to do so, with parental permission. Funerals play an important role in helping people to accept the reality of death. They provide rituals for the shared experience of grief. Encourage parents to accompany their children and be available to discuss the experience with them. Many students will be anxious about the funeral and this can be a topic for individual and group counseling to prepare for the emotional impact. The school or the teachers should not assume responsibility for taking students to the funeral home, church or cemetery. A funeral service held after regular school hours minimizes the disruption of the regular school schedule. If this is not the choice of the family and the funeral is held during school hours, the school should stay open for those students who choose not to attend. Provision should be made for teachers and administrators to attend.

THE BEREAVED FAMILY

It is appropriate for the principal, counseling staff and other faculty who had a close relationship with the victim to visit with the bereaved family. It can be an opportunity to offer condolences and support and to obtain accurate information or messages the family may wish to have passed on to their child's friends. It is not necessary, but helpful, if the parents give their permission for disseminating information. If they refuse, the school is still faced with the necessity of carrying out their crisis plan to help grieving survivors and prevent further suicidal activity. This puts the crisis team and the school administration in a difficult position. The family can also assist in identifying friends and siblings in other schools who may need assistance.

Families often feel isolated and stigmatized. They need reassurance that they are not being blamed. They may take comfort in knowing that the school is working to help the other children and teachers with their grief and will often want to cooperate in this process. The family needs to know what the school is doing during the postvention period. The visit to the family can be a time to offer assistance in retrieving their child's belongings from school. They may wish to have the opportunity to do this in private or have someone else do it for them. The family also should be consulted about any planned memorial activity.

Meeting with the family will also provide the opportunity to refer them to community agencies or survivor groups for support.

PARENTS

It will also be necessary to respond to the concerns of the parents and family members of other students. They will be concerned about the welfare of their own children and will need reassurance and information. The school administration needs to be prepared to meet with concerned parents individually and in small groups and may want to reserve a block of time for this. After the initial phases of the crisis has passed, it is often appropriate to invite parents to a large public meeting to address the school's postvention efforts and provide a general overview of youth suicide. The participation of a consultant in this meeting can help to reassure parents and legitimize the school's response. There is some question about the timing of such meetings. Confusion, anxiety and the tendency to scapegoat are at their highest within the first few days after a suicide. However, any perception that the school is avoiding parents will only build up tension. Whenever the meeting is held, its limits need to be recognized. Large meetings are not the place for exploring individual feelings and concerns. There can be provision for follow-up discussion groups led by crisis team members.

RESPONDING TO THE MEDIA

Publicity about the suicide should be minimized as much as possible, especially coverage that tends to sensationalize or glamorize the suicide. A school spokesperson should be appointed to insure consistency and accuracy of information. This spokesperson usually is the principal, the crisis team coordinator, or the designee of the principal. In small school districts the superintendent may choose to act as spokesperson. The advantage of having a superintendent act as spokesperson is to relieve the school of this task and allow the school staff to deal with the crisis. If there is a community coordinating committee, there should be close communication between the committee's spokesperson and the local school spokesperson. Involving the local newspaper editor, or designee, as a part of the community coordinating committee, facilitates the cooperation of the press and other media. The school secretary or another designated person should have a fact sheet from which to respond to telephone inquiries when the spokesperson is unavailable.

Never refuse a request for information from the press. This only inflames anger and adds to confusion. Reporters should not, however, be given access to school grounds. Filming or interviewing students or staff on school grounds should be prohibited, as the process of filming is likely to be intrusive and distressing. The spokesperson needs to respond to the media in a timely and professional manner. However, the school should avoid becoming the principal source of information. Releasing details about the suicide is the responsibility of the medical examiner or other authorities. Never permit speculation as to why the student or faculty member committed suicide. It is the family's sole prerogative to provide information about the victim. The school can explain the positive steps of the postvention plan to help students through the crisis and provide information on where troubled youth can get help. This becomes especially important in circumstances where the suicide becomes a major news story and the focus needs to be shifted from the school to the larger community.

LONG TERM EFFECTS AND FOLLOW-UP

The aftermath of a suicide is long lasting. While the most intense phase of the crisis will--in the absence of any new incidents--last only a few weeks, some effects may continue for a year or more. Individuals will differ considerably in the time it takes them to work through their feelings. Special counseling initiatives and

outreach should continue as long as there is a demand or perceived need. The school counselor, school psychologist or social worker, or community mental health professional may provide longer term care instead of the crisis team. Certain situations such as sporting events, extracurricular activities, birthdays, graduation, and the anniversary of the suicide itself, may reawaken the distress. The school should respond by being prepared to reintroduce selected postvention measures as indicated.

Often after a school suicide, there is a call for staff training in prevention. Such training is not a substitute for postvention work and should not be instituted until well after the initial phase of the crisis.

The aftermath of a suicide can be one of the most stressful and painful experiences any school will experience. It is also possible for the school to resolve the crisis in a manner which leaves it stronger, more resilient and more caring. This does not mean that the feelings will ever totally go away. It does mean that individuals, organizations, and even whole communities can learn and grow from the experience.

ACTION STEPS IN BRIEF

This section will review and summarize the major points of the postvention plan recommended by the American Association of Suicidology School Suicide Prevention Programs Committee.

1. Plan in advance.
2. Select and train a crisis team.
3. Verify the report of suicide from medical examiner or police.
4. Team meets with school principal.
5. Assess the situation and adjust size of team accordingly.
6. Disseminate information to faculty, students, and parents.
7. Follow victim's classes throughout day.
8. Arrange for counseling rooms.
9. Invite friends to join group or meet with team members individually.
10. Check records and provide counseling for all identified students at-risk.
11. Provide counseling or discussion opportunities for faculty.
12. Arrange for students and faculty to attend funeral.
13. Coordinate memorials.
14. Make home visit.
15. Respond to media inquiries.
16. Link with community as appropriate.
17. Follow-up with continued counseling as needed.

APPENDIX

Glossary

Bibliography

Sample Letter to Parents

Sample Faculty Memo

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Glossary

AT RISK: The likelihood or chance that an individual will attempt or complete suicide.

CONTAGION: Suicidal behavior by additional persons as a result of the influence of a previous suicide attempt or completion.

CRISIS: An intense emotional response to a situation accompanied by a temporary loss of coping skills.

CRISIS INTERVENTION: Short term counseling provided for those in crisis with the intention of reducing the intensity of emotional reactions and returning them to their normal level of functioning.

CRISIS MANAGEMENT: The planning for and response to a crisis with the intention of containment and reduction of the physical and emotional danger of the situation.

CRISIS TEAM: A group of trained professionals who coordinate their efforts to provide crisis intervention services.

DEBRIEFING MEETINGS: An opportunity for a crisis team to process events, assignments and feelings as needed during a postvention.

GRIEF: Mental suffering from bereavement, remorse, sorrow.

GRIEF CRISIS COUNSELING: Short term counseling provided immediately following a sudden death to help survivors begin the grieving process.

LOSS: The experience resulting from separation from a person or something prized, failure to attain a goal, or diminishing of prestige.

POST TRAUMATIC STRESS DISORDER: The re-experiencing of a psychologically distressing event accompanied by symptoms of fear, terror and helplessness.

POSTVENTION: Action taken to provide short term grief counseling and aftercare services following a suicide with the goal of preventing additional suicides and helping survivors deal with the loss.

SUICIDE ASSESSMENT: The estimate of the likelihood of a suicide attempt or completion taking into consideration common indicators of those who have attempted or completed suicide.

SUICIDE CLUSTER: A group of suicides in a short period of time in the same community suggesting the process of "contagion".

SUICIDE EPIDEMIC: The clustering of suicides in a short period of time in the same community suggesting the process of "contagion".

SURVIVOR: One who has had a close friend or family member commit suicide.

SURVIVORSHIP: The state of being a survivor of the suicide of a close friend or family member.

Bibliography

Cain, Albert ed. Survivors of Suicide. Springfield: Charles Thomas, 1972

Center for Disease Control. "CDC Recommendations for a Community Plan for the Prevention and Containment of Suicidal Clusters". Morbidity and Mortality Weekly Report, 37 (August 1988) No. 5-6

Dunne, E.J., McIntosh, J.L. and Dunne-Maxim, K. eds. Suicide and Its Aftermath. New York: WW Norton & Company, 1987

Garner, H.G. "An Adolescent Suicide: Mass Media and the Educator. Adolescence 10 (1975): 241-256.

Grollman, Earl. Suicide; Prevention, Intervention Postvention. Boston: Beacon Press, 1971.

Hewett, John. After Suicide. Philadelphia: Westminster Press, 1980.

Hoberman, H.M. and Garfinkel, B.D. "Completed Suicide in Children and Adolescents". Journal of the American Academy of Child and Adolescent Psychiatry 27 (1988): 689-695.

Leenaars, Antoon and Wenckstern, Susanne. Suicide Prevention in Schools. New York: Hemisphere, 1990.

Poland, Scott. Suicide Intervention in the Schools. New York: Guilford Press, 1989.

New Jersey State Department of Human Services. Youth Suicide Prevention: Meeting The Challenge in New Jersey Schools. DMH & H, CN700, Trenton, NJ 08625. 1989.

Sattem, L. "After A Suicide: Follow Up in the Schools". AAS Newslink, vol. 11, #1, March 1985.

Smith, Judie. Coping with Suicide. New York: Rosen, 1990.

Sample Letter to Parents

Dear Parents of Westview students;

The Westview Middle School community was saddened to learn of the reported suicide of one of our students. The death of any young person is a loss which, in one way or another, diminishes each of us. The tragic circumstances of John Smith's death are perhaps more shocking and more difficult to accept.

We have asked the assistance of the crisis team to help our school community deal with this loss. We are doing everything we can to help your child and our staff through this tragic experience. You may anticipate more questions and a need to talk about the suicide at home.

John's funeral will be held at Grace Baptist Church, 428 Elm St. on Thursday at 10:30 am. Your child may be excused from school to attend the funeral with written permission from you. We encourage you to make arrangements to accompany him or her and you will need to provide your own transportation. The school will remain open for those students who choose not to attend.

John's classmates and teachers have decided to receive donations in his memory and will make a contribution to The Suicide and Crisis Center. Please contact the school office at 823-4567 for further information.

If you have any concerns regarding your child's reactions to this loss, Mrs. Jones the school nurse, and Mr. Johnston, the school counselor will be available to assist you.

Sincerely,

James Decker
Westview Middle School Principal

Sample Faculty Memo

TO: Westview faculty and staff

FROM: James Decker, Principal

RE: The suicide of John Smith

DATE: March 2, 1990

We are asking you to discuss the death of John Smith, an 8th grade Westview student, with your class at the beginning of school. Some students will already be aware of his suicide from the 10:00 pm news on TV last night. Others will be learning of his death from you. It is recommended that you give your class an opportunity to hear the following facts from you, to ask questions, and to discuss their feelings. You can expect some students to be angry and upset as well as sad. Please be sensitive to their feelings.

John died last night at 8:00 pm after hanging himself in his closet with a rope. He was found by his father and was rushed by an ambulance and paramedics to the emergency room of the county hospital where the trauma doctors and nurses were not able to revive him. He did not regain consciousness and died a half an hour after he arrived. The medical examiner has ruled his death a suicide. His parents would like you to know that they have donated some of his body organs so others may have a chance to live. We do not know why John chose to kill himself. Unfortunately, he did not realize what other options were available to help him with his problems. His solution was permanent and irreversible.

Students may be excused from classes for John's funeral if they bring a written excuse from a parent. Funeral arrangements are still pending. We will give you that information when we receive it. The family will be at the funeral home tomorrow evening if anyone wishes to pay their respects and extend their sympathy. Some students may wish to make a donation to the Suicide and Crisis Center in John's memory. A box has been placed in the office for the collection of donations or any notes written to John's family.

The crisis team will be in the school building throughout today and the rest of the week. If you wish some assistance in discussing John's death with your class, a team member will come to your classroom. Please identify any student you think needs further help dealing with this tragic event and send him or her to the counseling office.

Today may be a very difficult one for you as well as our students. A crisis team member will be in the teachers lounge if you wish to talk further about the suicide.

Appendix P
Crisis Response Checklist

Duties of Principal

IMMEDIATE:

- ❑ Begin a communication log.
- ❑ Contain the story.
- ❑ Verify the death.
  - ▮ Police Department
  - ▮ Coroner's Office
  - ▮ State Troopers
- ❑ Notify
  - ▮ School Crisis Team
  - ▮ Assistant Principal
  - ▮ School Secretary
  - ▮ School Nurse
  - ▮ Other Unit Heads (These people immediately begin their responsibilities)
  - ▮ Parent Teacher Association President
  - ▮ Community Project Coordinators
  - ▮ Community Health Aids
- ❑ Schedule a general staff meeting.
- ❑ Conduct staff meeting with this agenda:
  - ▮ Notify about death.
  - ▮ Review school procedures.
  - ▮ Who is available at which location.
  - ▮ Students encouraged to stay in class.
  - ▮ Students who need support sent to counselor or Crisis Team member.
  - ▮ Students discouraged from leaving school.
  - ▮ Designated Crisis Team member attends deceased student's classes.
  - ▮ Remind that Communication Center is the Main Office.
  - ▮ No news media in school; inform office if they enter the building.
  - ▮ Designate specific locations for the Crisis Team members.
  - ▮ Distribute copies of a statement to be read to all classes. Students are informed in classes, not in a large assembly.
  - ▮ Remind staff of support/services people in the area who can help.
- ❑ Refer all media to a previously designated Media Contact Person.
- ❑ Meet with Crisis Team after school to determine procedures for subsequent days, and to review the events of the day.

ON-GOING RESPONSIBILITIES:

- ❑ Main Office/Communications Center
  - ▮ Deal with all relevant phone calls.
  - ▮ Be focal point for confirmed information.
  - ▮ Refer all news media to appointed Media Contact Person.
- ❑ Discourage any dramatization if this is a completed suicide. For example, memorial services, PA announcements, or closing the school for the funeral.
- ❑ As soon as appropriate contact the family.
  - ▮ Extend condolences.
  - ▮ Obtain information about funeral services.

Duties of the Secretary

- ❑ Prepare copies of a statement for teachers and staff.
- ❑ Meet with other secretaries in the school to:
  - ▮ Review telephone protocol.
  - ▮ Review the prepared statement.
  - ▮ Determine their needs for support and/or relief.
- ❑ Where possible arrange for stand-by teachers to substitute for the Crisis Team members.
- ❑ Clear the principal's calendar.
- ❑ Contact other schools in the district and notify of the incident with accurate information.

- ❑ Notify late or absent staff.
- ❑ Notify the District Superintendent's Office of the death and special circumstances.
- ❑ Arrange for the deceased student's locker to be cleared.

Duties of Assistant Principal

IMMEDIATE RESPONSIBILITIES:

- ❑ Support the principal and carry out delegated tasks that may include the following:
  - Notify the Crisis Team and arrange a brief meeting prior to the staff meeting.
  - Copy the deceased student's schedule and distribute to the Crisis Team.
  - Meet with teachers of the deceased student and inform them of the arrangements that have been made for Crisis Team member to attend the student's classes that day.
  - Identify siblings, boyfriend or girlfriend, as well as close friends of the deceased. Arrange for counselors or Crisis Team members to talk to them.
  - Notify other school support staff including coaches, librarians, cafeteria personnel and janitorial staff.

ON-GOING RESPONSIBILITIES:

- ❑ Support the principal.
- ❑ Provide liaison between the principal and Crisis Team.
- ❑ Monitor the condition of the school community.
- ❑ Monitor the Crisis Team members.
- ❑ Monitor the teachers of the deceased student.
- ❑ Check any extra curricular activities and notify the organizer.

Duties of Counselors/Crisis Team Members/Nurse

- ❑ Obtain deceased student's schedule and assist with these classes.
- ❑ Call outside agencies or other schools for assistance if needed.
- ❑ Notify school psychologist.
- ❑ Organize the library (or other suitable room) as a support area.
- ❑ Assist both students and staff through crisis counseling.
- ❑ Attend classes of siblings of deceased student.

Duties of All School Personnel

- ❑ Any staff member who has knowledge of a student's death through suicide or other causes immediately informs the principal either at home or at the office.
- ❑ Should this contact not be possible the staff member should call the assistant principal either at home or at school.
- ❑ Staff members should contain the story as much as possible and protect the rights of the family.
- ❑ Staff should channel all communication through the principal's office.
- ❑ Staff should not contribute in any way to rumors or unsubstantiated information.

The Postvention Process

Student Reaction	Staff Response
1. **Shock.** Students may initially appear remarkably unreactive. In fact, they are in a state of shock and not yet able to accept the reality of the suicide.	1. Staff needs to assume a stance of anticipatory waiting, acknowledging the shock and showing a willingness to talk about the suicide when students are ready. Hill (1984) suggests waiting 24 to 48 hours before initiating more direct action.
2. **Anger and projection.** Students will look for someone to blame. Initially, this may be directed at adults in the victim's life, including school staff. "Why did they let it happen?"	2. Some expressions of anger must be allowed. Staff members may share the similar feeling they have had. However, at the same time, reality must be introduced. There are limits on how much one person can be responsible for actions of another.
3. **Guilt.** Typically, students who knew the victim may move from blaming others to blaming themselves. "If only I had talked to him more."	3. Here, particularly, staff can be helpful by sharing their own similar reactions. And again, the reality principle is also introduced. One person cannot assume total responsibility for the act of another.
4. **Anger at victim.** This is a common reaction by students, even those not closely connected to the victim. "How could he do this to us?"	4. Staff needs to give permission for such expressions by normalizing them, perhaps tempered by questioning if the victim fully realized the impact of his act.
5. **Anxiety.** Students will begin worrying about themselves. "If he could kill himself because he was upset, maybe I (or my friends) could too?"	5. Discipline should be guided towards helping students differentiate between themselves and the victim and towards other options for problem solving.
6. **Relief.** Once the normal distortions of feelings are resolved, students can allow themselves to feel the sadness of the loss and begin the healing process.	6. Staff must guard against encouraging a pseudo-mourning process before students have worked at resolving their conflicts over the suicide.

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Appendix R

National Information

American Association of Suicidology
2459 South Ash
Denver, CO 80222
(303) 692-0985
Membership in AAS is a helpful way to broaden professional understanding of suicide. AAS sponsors a national convention every year, publishes a monthly newsletter called *Newslink*, and a quarterly journal called *Suicide and Life Threatening Behavior*. Items of interest to school professionals can be found in the *School Corner* in *Newslink*.

National Committee on Youth Suicide Prevention
665 5th Avenue, 13th Floor
New York, N.Y. 10103
(212) 957-9292

Youth Suicide National Center, West Coast Office
1811 Trousdale Drive
Burlingame, CA 94010
(414) 877-5604

Office of the Inspector General
U.S. Department of Health and Human Services
2901 Third Avenue, MS 309
Seattle, WA 98121
(206) 442-0491

Centers for Disease Control
U.S. Department of Health and Human Services
1600 Clifton Road
Atlanta, GA 30333

Suicide Information and Education Center
#201 1615 10th Avenue, S.W.
Calgary, Alberta T3C 0J7, Canada

National Association of School Psychologists
10 Overland Drive
Stratford, CT 06497

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Bibliography

Andreozzi, S. E. "But kids don't commit suicide". *Journal of Counseling and Development* (1988): 67(2), 73.

Barrett, T. *Youth in crisis: Seeking solutions to self destructive behavior.* (1985). Longmont, CO: Sopris West, Inc. 1120 Delaware Avenue, Longmont, CO 80501.

Capuzzi, D. *Preventing adolescent suicide* (1988). Muncie, IN: Accelerated Development. 3400 Kilgore Avenue, Muncie, IN 47304. (317) 284-7511

Crocitto, J.A. "Suicidal Tendencies Scale". *The School Counselor* (1990): 37 (5), 326-327. American Association for Counseling and Development, 5999 Stevenson Avenue, Alexandria, VA 22304

Dunne, E.J., McIntosh, J.L., & Dunne-Maxim, K. (Eds.) *Suicide and its aftermath: Understanding and counseling survivors* (1987). New York: W.W. Norton and Company, 500 Fifth Ave, New York, NY 10036.

Frymier, J. "Understanding and preventing teen suicide". *Phi Delta Kappan* (1988).

Fujimura, L. E., Weis, D. M., & Cochran, J. R. "Suicide: Dynamics and implications for counseling". *Journal of Counseling and Development* (1985): 63(10), 612-615.

Getz, W.L., Allen, D.B., Myers, R.K., & Linder, K.C. *Brief counseling with suicidal persons.* (1983). Lexington MA: D.C. Heath & Co., 125 Spring St., Lexington MA 02173.

Gould, M. S., & Shaffer, D. "The impact of suicide in television movies" *The New England Journal of Medicine* (1986): 315, 690-694.

Harris, M. B., & Crawford, R. W. "Youth Suicide: The identification of effective concepts and practices in policies and procedures for Texas schools". *Monograph #3* (1987). Center for Policy Studies and Research in Elementary and Secondary Education, East Texas State University.

Holden, C. "Youth Suicide: New research focuses on a growing social problem". *Science* (1986): 233, 839-841.

Hunt, H. " How to live through the tragedy of teen suicide". *The American School Board Journal* (1987): 174 (2), 34-37.

Johnson, S. W., & Maile, L. J. *Suicide and the schools: A handbook for prevention, intervention and postvention* (1987). Springfield, IL: Charles C. Thomas.

Lajoie, S. P., & Shore, B. M. "Three myths? The over-representation of the gifted among drop-outs, delinquents, and suicides". *Gifted Child Quarterly* (1981): 25(3), 138-143.

Martin, N. K., & Dixon, P. N. "Adolescent suicide: Myths, recognition, and evaluation". *The School Counselor* (1986): 33(4), 265-271.

Martin, M., Martin, D., Barrett-Kruse, C., & Waterstreet, D. "A community response to an adolescent suicide". *The School Counselor* (1988): 35(3), 204-209.

McBrien, R. J. "Are you thinking of killing yourself?: Confronting students' suicidal thoughts". *The School Counselor* (1983): 31(1), 75-82.

Oates, M. "Responding to death in the schools". *Texas Association for Counseling and Development Journal* (1988): 16(2), 83-96.

Orbach, I., Feshbach, S., Carlson, G., Glaubman, H., & Gross, Y. "Attraction and repulsion by life and death in suicidal and in normal children". *Journal of Consulting and Clinical Psychology* (1983): 51(5), 661-670.

Palmo, A. J., Langlois, D. E., & Bender, I. "Development of a policy and procedures statement for crisis situations in the school". *The School Counselor* (1988): 36(2), 94-102.

Perrone, P. A. "Counselor response to adolescent suicide". *The School Counselor* (1987): 35(1), 51-57

Poland, S. *Suicide intervention in the schools* (1989). New York: The Guilford Press. (School Practitioner Series) A Division of Guilford Publications, Inc. 72 Spring Street, New York, NY 10012

Puryear, D. A. *Helping people in crisis* (1979). San Francisco, CA: Jossey Bass.

Ruof, S. R., & Harris, J. M. "Questions and answers on legal issues relating to suicide". *Communique* (1988): 16(6), 18.

Ruof, S. R., & Harris, J. M. "School suicide prevention programs: Legal issues". *Newslink* (1989): Summer, 8.

Ruof, S., Harris, J., & Robbie, M. *Handbook: Suicide prevention in the school* (1987) .

Slaikeu, K. *Crisis intervention: A handbook for practice and research* (1990): *2nd ed.* Newton, MA: Allyn and Bacon.

Shneidman, E. *Definition of suicide*. (1985). New York: John Wiley.

The School Counselor (1990): May, 37(5). Entire issue relates to suicide and the school counselor.

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